



## TOWN OF ROCKPORT

### BOARD OF HEALTH

34 Broadway - Rockport, MA 01966

Phone: 978-546-3701

www.rockportma.gov

### Application for Title 5 Septic System Inspector Permit

FEE \$25.00 Payable to the Town of Rockport

Permit expires December 31<sup>st</sup> annually; renewals are due December 22<sup>nd</sup>; late fees apply)

In accordance with M.G.L. c.111, Section 31, and Rockport's Title 5 Supplementary Regulations, the undersigned makes application to the Rockport Board of Health for permission to conduct official Title 5 Inspections within the Town of Rockport.

Name of Title 5 Inspector: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Name of Owner/Corporation Name: \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the pains and penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

I certify that the information I have provided above is true and accurate. I agree to comply with Title 5 and any rules, regulations or policy of the Town of Rockport. **I agree to conduct a thorough and complete inspection, including ground water investigation, and to submit complete and accurate inspection reports; I understand that failure to do so may result in suspension of the Rockport Title 5 Inspector Permit.**

\_\_\_\_\_  
Signature of Title 5 Inspector

\_\_\_\_\_  
Signature Corporate Office (if applicable)

#### *For Official Use*

- \_\_\_ Workers Compensation Insurance Information (or Worker's Compensation Insurance Affidavit)
- \_\_\_ Copy of your DEP-Approved Title 5 Septic System Inspector Card
- \_\_\_ \$25 Fee (Payable to Town of Rockport)